VS A15 (4) 15M 9/55

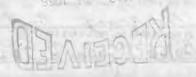
	1t 2		FICATE C	OF DEATH		Reg. Dist. No	12793
1. PLAC o. Co	Charles	MARY	LAND 2. USU	AL RESIDENCE (Whe	re deceased lived. If institut		pre admission)
b. C	ITY OR TOWN (If outside corporate fimi URAL and give nearest lawn)	its, write c. LENGTH OF STAY		TY OR TOWN OF OU	tside corporate limits, write	RURAL and give me	grest town)
d N	La Plata  NAME OF HOSPITAL (III, not in hospitol, o	1000		TREET ADDRESS	pour to	7-	e. IS RESIDENCE
°	or institution Physician	ns describe to		TREET AUDITAGES	σ	/	ON A FARM?
	ME OF EASED A'LLAN	Middle	BA	Lost	4. DATE MODE ATH A	R /	6 1956
S. SEX	ale 6. COLOR OR RACE	7. MARRIED NEVER MARRIE			9. AGE (In years lost birthday)	Months Days	Hours Min.
10a. US	SUAL OCCUPATION (Give kind of work ring most of working life, even if refired	done 106. KIND OF BUSINESS O	R INDUSTRY 11.	BIRTHPLACE (Stole o	r foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
13. FATI	HER'S NAME	17-011001	14. MC	THER'S MAIDEN NA	UME .	1777.73	· ·
	Jeames Bo	ile	1	Likma	and the		
15. WA	S DECEASED EVER IN U. S. ARMED FOR	CESS 16. SOCIAL SECURITY NO	17. INFORMA	NT . lo	Add	fress	
			Fra	mb S B	only mas	Hanory	mol.
1B.	CAUSE OF DEATH [Enter only one co	ouse per line for (a), (b), and (c).	1			J INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 Henner	have				Smy
	onditions, if any, which	50 mhall	al Vi	arix.			12hrs
CO	ove rise to immediate buse (o), stating the under- ting cause lost.	1/200 177	201 m	etin		3	mes
CERTIFICATION 11) 200 800 800	PART II. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY O	CCURRED. (Enter r	noture of injury in Po	rt I or Port II of item 18.)	•	
MEDICAL 30c	Hour o. ft. p. m. 19	Or 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF It foctory, street	UURY (Home, farm, et, office bldg., etc.)	20f. (City or town)	(County)	(State)
21.	. I certify that I attended the	deceased from F	1-	946, 10 (	6 Mar, 193	that I last so	aw the deceased
oli	ive on 16 March	, 19:572, and that	death occurr	ed ot 8 YT	M, from the couses	and on the da	ite stated above.
AC SIG	TUAL ABOUT	voden.	M.D		DORESS (Street, city or town,		DATE SIGNED
	YSICIAN'S ARTHUR	O. WOODE	<u> </u>				
220. BU	IRIAL, CREMATION, 226. DATE THEREC	OF 22c. NAME OF CEM	TERY OR CREMAT	ORY 2	2d. LOCATION (City, town,	or county)	(State)
0	mine 3, 18, 3	-6 manyon	oy Boy	list	manipmo	m	ol
23. FUN	REPAL DIRECTOR'S SIGNATURE	ADDRESS	9.17	1 3000	BY REGISTRAR 246. REG	STRAR'S SIGNATU	RE
	Mehan Tunes	er Home Inc	soular.	a DATE 2	20/56 Jul	ia H. U	osey
					U		6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OF BEOMERY EARTH ASP TO THE MITON INDIGINATE OMNORMAN

HITASO TO THE MITON INDIGINATE ON A STATE OF THE MITON INDIGINATE OF TH

BUREAU V. S.



registrar within 72 hours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

ON HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. INSTRUCTIONS ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital ar attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH 2812

02794

Reg. Dist. No./00

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY ChazLES	MARYLAND	STATE AL	COUNTY	Charles
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corp	porete limits, write RURAL and giv	ye nearest town)
OR end give neerest town) TOWN A A A A A	(in this place)	TOWN MA	PULLAND F	Point x
HOSPITAL OR		STREET	(If rural give loc	etion)
INSTITUTION OR Physicians Mer	neriAL	ADDRESS		
	Aigdle)	(C) 1)	4. DATE (Month)	(Day) (Year)
(Type or Print) ETHEL	PARL	1295+Aix	DEATH 3	20 86
5. SEX 6. COLOR OR 7. SINGLE MARJET WIDOWED, DIVO	D, 8. DATE	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
(Spacify)	2	,	The yes.	nths Deys Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
retired) LANSELIEC	INDOSIKI	md.		()5
13. FATHER'S NAME		I 14. MOTHER'S MAIDEN	NAME	
Willie Kidd		MINNE	, , ,	mson
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	md.
(Yes, no, or unk.) (If Yes, give war or detes of service)		ESCAT	2 Bact 1.	Don't
NO			- 13173171	CITY AL RETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO PENTH	18, MEDICAL CE	RTIFICATION	1.	ONSET AND DEATH
IPI I ST	was M	( DAME.	Tlerus	1317-16N
IMMEDIATE CAUSE (A)	www op	Coura, r	70	0001101
ANTECEDENT CAUSE(S) DUE TO		'/		
DISEASES OR CONDITIONS, IF ANY, (B)	//			
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION   196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, fice bidg., etc.)	21c. WHERE DID INJURY OCC	JR? (City or town)	(County) (Slets)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. I	INJURY OCCURRED	211. HOW DID INJURY OCC	UR?	4
M, et wor				
		/	-20 01	
22. I hereby certify that I attended the deceas	ed from	19 to	19.9 1	hat I last sew the deceased
alive on 3 - 1 - 1 - 19 - 19 and I	that death occurred	at	causes and on the date	stated above.
SIGNATURE		MOS	RES Freel, city, lown ste	DATE SIGNED
1. VV 110 Fran		-/1	PY MO M	1 - 03 - 10 tile
23. BURIAL, CREMATION, OAJE THEREOF	M.D.	R CREMATORY	LOCATION (City, town, or	county) (State)
-REMOVAL (SPECIFF)	4	2 1 1		,
130514 1 73-22-36	NAMIEM	1 - 1	WANJEMO	y, me.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	0	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
3/21/01	1/2	The Hong	tt Fineral	Homas million
DATE / //S (0) - LUCA M.	razay	1111 11010	L CLOCALL	11016- 1114.

CERTIFICATE OF DEATH できないなっていてい MARGIN RESERVED YOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH 2813

	FOR MEDICAL	EXAMINERS	Reg	Dist. No
1. PLACE OF DEATH	and the second s	2. USUAL RESIDENCE	(HOME) OF DECEAS	ED. COUNTY
Charles	MARYLAND	Maryland	Charle	
OR give operest town)	(in this place)	OR		VET WILL BEAG SIGNLAND COMMY
HOSPITAL OR	82-Yrs	TOWN Marsha	(If rural, give	location)
INSTITUTION OR STREET ADDRESS		ADDRESS		,
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (N	footh) (Day) (Year)
(Type or Print) John Richard	Breyzara		DEATH	3-8-56 19
6. COLOR OF MACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifywild owed)	8. DATE OF BIRTH	9. AGE last birthda;	Months   Days   Hours   Min
		3-13-74 11. BIRTHPLACE (State		1 12. CITIZEN OF WHAT
done during most of working life, even if retired	i) INDUSTRY Farmer			COUNTRY
13. FATHER'S NAME	(18thleis	Maryland	N NAME	, now
George R. Bryan		Wilheminna	Brown	
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, of unknown)   (If yes, give war or date	EN?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
No service)	None	(Daughter) Fran	nces Grigsby	
	IB. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH			ONSET AND DEATH
420.0	Arterio Selerotic H	leart Disease		Indefinite
* Immediate cause (a)	AL GEBIO DETCIOUSE.		MARIAT CAUSAN CAUSA TEST AND SAA 1. ACC. AAAR TO	(\$0.00 MgCT 07/000200000000
Antecedent cause(s) Diseases or conditions, if any, (b).	Senility With Arter	ie Sclerosis		Indefinite
giving rise to the above cause			Served Administration of the server are a selection and transport the temperature of	r r reproprieta Serie etistorial Corner. As not 4 de biolobile de Sel Alles Constituto de Sel Alles Co
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing d		h Kidney colic		Unknown
19a. DATE OF OPERATION   19b. MAJOR				20. AUTOPSY1
				Yea 🗆 No 🖥
PRIMARY OR CONTRIBUTING O	LACE (Home, farm, factory, street, F office bldg., etc.) JURY	(CITY OF	TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY O	CCUR?	
INJURY m.				
22. I certify that I took charge of the revolutioned by said Autopsy, Inspection	or Inquiry, find that said dece	ased died on the day sta	(, xhardor K) the ted above, and deat	reon and from the evidence h in my opinion resulted
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
James E. Andrews	elecuro	100 1 A	Md.	3-11-56
23. BURIAL, CASMATION DATE THER REMOVAL (Specify) 3-/3-5		At Cemetery	Pomork	
PPC	'S SIGNATURE	24. FUNERAL DIRECT	OR /	ADDRESS

DECEDAED

BUREAU V. S.

4 hours

### 2814 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02796

				1
Rea.	Dist.	No	10	4

I tem O, FIIM I JU JU EL	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Court III MARYLAN	D STATE mel COUNTY Charles
CITY (If outside corporate limits, write RURAL   LENGTH OF ST	AY CITY (If outside corporete limits, write RURAL end give nearest fown)
OR end give neerest town) . [In this place	OR TOWN
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF DECEASED THE OPORE 9003e	VeL+ Bufler DEATH 3 13 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE OF BIRTH  1904  9. AGE lest birthdey  IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  The description of working life, even if relired to the control of working life, even if relired to the control of working life, even if the	11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Settler	, Lelia Sachson
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURIT	Y NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	mount Button Naguelle
	AL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4 IMMEDIATE CAUSE (A)	my Ocelline 3-13-16
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO CURLING	. Pletaria 1954
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	y resource 110 T
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING   216. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRE While Not wh	
M. et work et work	
22. I hereby certify that I attended the deceased from.	Cuta, to 19, 19, that I last saw the deceased
	curred at
BIGNATURE	ADDRESS (Street, city, lown lights) DATE SIGNED
1. Ackeling	M.D. Lassetto lue 3-14-50
	LETERY OR CREMATORY   LOCATION (City, town, or county) (State)
62 10 10 10 1	All. Head I we may
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
MAR 201956 M. M. 1 4	The Hum H Tunnal Home

**NSTRUCTIONS** 

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 2. The bottom copy may be retained by the hospital or attending physician.

A15C 1-55 10M

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HILE OF A PROBLEM AND THE STATE OF THE STATE

# CIAL CERTIFICATE OF DEATH

AS A CONTRACTOR OF THE PARTY OF

BUREAU V. K.

9961 02 BYN

Man man

Majoran

Reg. Dist. No. 100 please ex 2. USUAL RESIDENCE (Where deseated lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY L & MARYLAND b. CITY OR TOWN (If puylide corporate limits, write RURAL c. CITY OR TOWN IP outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 10 YES NO NAME OF 4. DATE Month Day Year DECEASED OF DEATH 1906 (Type or print) 5. SEX 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BUTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE Months Min. WIDOWED [ yn. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bod NO. 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANI (Yes, no. or unknown) (If yes, give war or dates of service) Give INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line jot (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stoling the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(a) 19. WAS AUTOPSY PERFORMEDE NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) pe Books 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour While Nat while e. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and find that cute the certificate, writ forworded to the Chief FUNERAL DIRECTOR: death resulted Noturol causes Accident Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c, NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 220 BURIAL, CREMATION, 22d. LOCATION (City, Jawn, or gounty) (Stote) EMOVAL (Specify) D 23. FUMBRAL DIRE TOR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) DATE SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2815 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TAMES CONAND DISON 3 15 OC.

MORE PROPERTY OF THE POST OF THE STATE OF

RUREAU V. S.

9951 13 AAM



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 2816 CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CHARLES MARYLAND	STATE MARYLANI) COUNTY CHARLES
CITY (If ourside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this piece)	CITY (II outside corporate limits, write RURAL and give nearest fown) OR
TOWN LA PLATA 19 DAYA	TOWN HUGHESUILLE, MARYLAND
HOSPITAL OR	STREET (Me great give location)
INSTITUTION OR PLYSICIANS MEMORIAL HOS	ADDRESS POUTE 5.
3. IF IS COSE (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) PHILIP STANCEY	TARRISON DEATH MARCH 26 1956
5. SEX [ 6. COLOR OR ] 7. SINGLE, MARRIED, 1 8. DAT	E OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
MAIE W-US, Specify N. ARRIED MA	RCH 2, 1878 78 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	1 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working fife, even if OR INDUSTRY retired) BANKER (RETIRED) 134 INKING.	MARYLAN'D COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WIRT HARRISON	ADDIE M. HARRIS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  [Yes, no, or unk.]   [If Yes, give wer or dates of service]	MRS. NELLIE M. HARPISON
(res, no, or unk.) (if res, give wer or osies or service)	HUGHESTILLE WARYLAND
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
4	LOGENOUS LEUKEMIA & MONTH
	LOGIE WOODS IN FOR SIM OF WITHOUT
	FNEMIA / LIMOINTH
GIVING RISE TO THE ABOVE CAUSE DUE TO	
10 Itererib-Sc	LEROSIS GENERALIZED 104EARS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO Z
21b. ACCIDENT WAS LNDERLYING 21b. P.ACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white	211. HOW DID INJURY OCCUR?
M. et work et work	T
22. I hereby certify that I attended the deceased from S.A.12.21	+P.Y., 191947, to MAD It Ho, 1950, that I last saw the deceased
alive on MARCH 26, 19.5 6, and that death occurred	at 15 24M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, lown, stete) DATE SIGNED
John N. Huffen M.O.	I've glisemels ind 3/17/10
23. BURIAL CREMATION, DATE THEREOF MAME OF CEMETERY	OR CREMATORY LOCATION (City, town/or county) (State)
Duned 3/ 29/56 Cief in	tet starlet hit
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 2/29/56 Julia HVasen	Huntt Furence Home A Milery 11th.

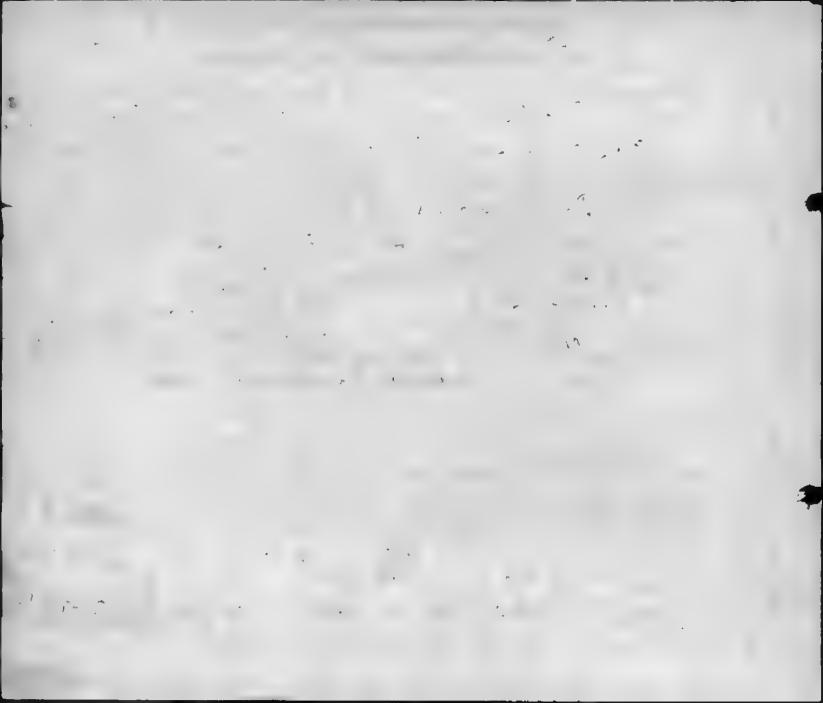
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VS A15C 1-55 10M

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2817 CERTIFICATE	OF DEATH	
	Reg. Dist.	No. 106
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Charles MARYLAND	STATE OTAL COUNTY Chad	ites
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this solece)	CITY (If outside corporate limits, write RURAL and give nauras	t town)
TOWN RFD Indian Head 1/2 405	Town Indian Hodel (	Rund
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS	
3. NAME OF DECRASED (First) David Alonza JE	(lest)  14. DATE (Month)  OF DEATH Moch	20 (Yeer) 20 1956
5. SEX 6. COLOR OR 7 SINGLE, MARRIED, WIDOWED, DIVORCED, Specify Married S. DATE O.	F BIRTH  9. AGE last birthday  F UNDER 1 Months  4 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  U.S. did set Portices to		CITIZEN OF WHAT
13. FATHER'S NAME DEVIL A. JINKins	Mother's Maiden NAME! Dur have	( /
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give propor dates of service)	17. INFORMANT & ADDRESS 17. IN	Inday boar
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN
IMMEDIATE CAUSE (A)	Carcinomo Prostate	24 CARS
ANTECEDENT CAUSE(S) DUE TO		1
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUT TO		
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSYR
		YES NO
OR CONTRIBUTING TO CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  OF INJURY street, office bidg., etc.)	Pic. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a. INJURY OCCURED While Not white at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1954, to 3/20 19.5 6 that I la	st saw the deceased
alive on the child the state of	7.50 P.M. from the causes and on the date stated	above.
SIGNATURE	ADDRESS (Sireet, city, town, steta)	DATE SIGNED
23. BURIAL, CREMATION, I DATE THEREOF NAME OF CEMETERY OR	CREMATORY (COCATION (City, fown, or county)	3-20-26
REMOVAL (SPECIFY)	CEM SALIS DE CH	(State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AD	DDRESS
DATE MAS Oder Price.	The Houtt Fundral Home a	1,4 uduz 1=,
- Town many road p		



15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9, Film CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) La Plata e. IS RESIDENCE ON A FARM? YES NO Q Month Day Year 19 March IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Days Hours yrs. 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH 2 min. 79 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🔛 (County) (Stote) March 27., 19.56 that I last saw the deceased , and that death occurred at 7:15 aM, from the causes and on the date stated above. DATE SIGNED

AEGISTRAR'S SIGNATURE

(Stote)

A BARA A STATE A STATE

2819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND B. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If ownide corporate limits, write RURAL and give nearest town) and give negrest town? 62 96d - 12 == Ju ALduiza d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO E 3. NAME OF 4. DATE DECEASED (Type or print) 5. SEX -6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED P DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOULEDIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME tN/AmIN 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, eo. or unknown) NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (o), sloting the underlying couse last. G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(5) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTR PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 0. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy inspection . Inquiry . and find that to the Chief I death resulted from? Accident [ Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE orworded to FUNERAL I SSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) Co. Aleter2= 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 28() 1

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the fun should	1	La Plata	White Plains
s off 2 sh	-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES \( \) NO \( \)
in b	3	Physicians Memorial Hospital  NAME OF First Middle	
Ses 1	L	ORCEASED (Type or print) RICHARD	OFFUTT DEATH MARCH 2 1956
d with	5, 1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   5/18/1885  70 yrs.   Months   Days   Hours   Min.
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ing ing			Clarence Gilletto netatolan
deoth lendi		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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nd ii p		couse (a), stating the under-	
physicions been sold been	CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq \text{NO} \) NO [2]
nding nding the bur or rem	CERTIFI	20% ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18.)
HYSICA is ces, use as motion,	EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the Plant of While to the While of work to the Plant	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
Digg rate of property of the p	1	21. I certify that I attended the deceased from AIRIA	19 55, to 2 MAICH, 19 56, that I last saw the deceased
Affined ridly		alive an MAHC/1, 1936 and that death	occurred at 2 AM, from the causes and on the date stated above
THE SECOND OF SECOND SE			ADDRESS (Street, city or town, state)  DATE SIGNED
REC be		SIGNATURE + M Yalanan	MD. LA PLATA, Mel. 3-2:56
retaine		PHYSICIAN'S F. M. JOHNSON ME	D.
HOSPII oy be c FUNER oge 3 s	220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
O HO O O O O O O O O O O O O O O O O O		Bund 33556 St. mar	ys Barnerville ma
h h	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
YS A15 (4) ■M 9/55		Circhart Funeral Home In	e DATE 2/5/56 Julia Haren
		Langela mod.	

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2821 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY STATE MARYLAND b. CITY OR TOWN III out c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporale fimits, write RURAL and give nearest town) 0 e. IS RESIDÊNCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? YES 🔲 NO 🖼 3. NAME OF First Middle 4. DATE Day Year retained for your DECEASED DEATH (Type or print) 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED B. DATE OF BIRTH Months Days Haura Min. WIDOWED [ DIVORCED [7] 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which) gave rise to immediate cause DUE TO (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART Ital 19, WAS AUTOPS PERFORMED? YES [ 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or 991 II of Item 18.) CAUSE OF DEATH. 20e PLACE OF INJURY Mome, form, feeton, street, of 6s bldg., etc.} 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f, (City or town) (State) at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry A, and find that Inspection to the Chief L DIRECTOR: death resulted from Suicide Homicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE SSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** EPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME\_OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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):	Port Tol					Port To	hacen			X	
	OR INSTITUTION	NL (If not in hospital, g	ive street	address)		d STREET ADDRESS				0	RESIDENCE ON A FARM? S NO
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5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	B   B	DATE OF BIRTH		9 AGE (in years			INDER 24 HRS
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	Jens Ra	smussen				link	nown				
	WAS DECEASED EVER			SOCIAL SECURITY NO.	17. IN	FORMANT	110411	Addr	els		***************************************
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	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A							7 II OI II em 15.7			
MEDICAL	20c. TIME OF INJURY Hour a. j., p. m.	Month, Day, Yea	While at worl	Nat while		CE OF INJURY (Hame, farm ary, street, office bldg., etc		or town)	(Co	ounly]	(State)
	21. I certify the alive on	Dr. A.O.	7.74	$\frac{56}{4}$ , and that $\frac{36}{4}$ ,		., 19 56 to occurred at 7:00 oc La Pla	ADDRESS (S	the causes a reel, city or town.	nd on the	e date s	pate signed arch, 1956
220	BURIAL CREMATION REMOVAL (Specify)	3,/3,57		Shila	ERY OR	CREMATORY	22d. LOCA	TION (City, town, o	r caunty)	(	State)
23.	FUNERAL DIRECTOR'S Grehart F	49	You	and Lay	late	med DATE	D BY REGIST	TRAR 246. REGIS	TRAR'S SIGH	NATURE	



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ured with m 18. Gi zrm PM3.			PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PROBLEM OF DEATH (Enter only one couse per life or (v), (b), and (c).]  PROBLEM OF DEATH (Enter only one couse per life or (v), (b), and (c).]	Shart and Death
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the cert orded to NERAL Smavel.			EXAMINERS ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUT	1-15-56
TO DEL		1 .	O BURIAL, CREMATION, 226. DATE THEREOF TOO CEMETERY OR CREMATORY S. 22d. LOCATION (City, lawn, ar county)	(State)
Vs. A15ME(5) 5M 9/55	C	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240, REC'D BY REGISTRAR 240, REGISTRAR SAIGH	ATURE Posey

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ond ond	X	d	wring most of working lite, even if retired Wife: Thelery Thomas Marby Charles (a) MD MD
S may	ソ	13.	FATHER'S NAME Aronk thomas 14. MOTHER'S MAIDEN PRIVATE Brooks thomas
Poge po			WAS DECEASED RVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  On, by unknown] [ (If yes, give war or deales at service) ]
	0	,,,,,,	Thelery Thomas, wife Marbury Md.
PM3 mit.			18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
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Rase Page			21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that
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**CERTIFICATE OF DEATH** 2826 Reg. Dist. N. with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed B. COUNTY O. STATE Maryland Virginia 141 Charles MARYLAND Charles eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give negrest town) the fund hrs Tamblet newt 3 1 Culpepper Plata La d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE YES NO Physicians Memorial Hospital NAME OF Middle Lost 4. DATE Month Day Year DECEASED 19 56 (Type or print) DEATH March 12 Wheeler Ba by 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Days DIVORCED T WIDOWED T March 12, 1956 popers. Mala colored yrs. COMP 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired)

none - infant Maryland offer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nathan physician Joe Wheeler Josephine Quora hours emove 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Joe Nathan Wheeler, Tompkinsville, Md. guip 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN QNSET AND DEATH 70. PART I. DEATH WAS CAUSED BY: Premature bithh - 3 lbs. 11 oz. months DUE TO 3 permit. Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underunsit pup lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? buriol YES NO DO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 03 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) ese foctory, street, office bldg., etc.) 0. (). Not while of work of work 21. I certify that I attended the deceased from, \_\_\_\_that I last saw the deceased pached An, from the couses and on the date stated above. and that death occurred at. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL La Plata SIGNATUR should O FUNERAL PHYSICIAN'S William/8 NAME (Type) Kurz 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 16wn, or county (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D, BY REGISTRAR REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Rea. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Charles be filed a. COUNTY o. STATE b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If quarte carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Plata das. La. d. NAME OF HOSPITAL (If not in hospital, give street address) 15 RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 24 Physicians Memorial Hospital YES NO NAME OF 4. DATE OF DEATH Middle Month Year Day DECEASED Pages (Type or print) 194 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Hours C WIDOWED [ DIVORCED [ comp 100. USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) 13. FATHER'S NAME physician remove 72 hours 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address ortending please within 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBROVASCULAR LUSION IMMEDIATE CAUSE (a) **DUE TO** ò ony Conditions, if any, which (b) been signed gave rise to immediate per **DUE TO** cause (a), stoting the underlying cause last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIGH 19, WAS AUTOPSY PERFORMED? DLOG ICAL YES T NO | 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) icate OR CONTRIBUTING CAUSE OF DEATH 00 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or lown] (State) (County) factory, street, office bldg., etc.) g. f). While Not while at work at wark man 1956 that I last saw the deceased 21. I certify that I attended the deceased from burial, detoched and that deoth occurred ot M, from the causes and on the date stated above. FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) 2 ACTUAL 3 shauld be SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

